V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Vittage or Gity Money (No)	Registration Dist. No. 2  St.; Ward)  St.; Ward)  [If death occurred in a hospital or lostitution, give its NAME lostead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH August 3/ 1914 (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	aug 31 , 1914, to accor 31 , 1914
(Month) (Day (Year)	that I last saw h da alive on aug 3/ 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 6 P m.
7/ yrs mos / 9 ds.   0R min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	des artinos elmis deferas
(b) General nature of industry, business, or establishment in which employed (or employer)	Casedonyava (Ouration) yrs mos ds.
(State or country) Associate Go.,	Secondary  (Doration) - yrs - mos 2 ds.
10 NAME OF FATHER Thomas F. America	(Signed) Milymus M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maintenance OF MOTHER	State the DISEASE CAUSING DEATH OF IT deaths from Vicenia
TO MAIDEN NAME Chigherth Bolum	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos. ds. State yrs, mos, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, If not at place of death?  Former or osual residence
(Address)	Bahles Centles Sloth 3 1914
Filed Sept 1, 1914 Orion & Mestar REGISTRAR	20 UNDERTAKER CORESS ALCONIA TAVIANO AUGUSTON M
If more blanks are needed, address State Regis	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (c. such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Ex-



PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT BINDING AGE SERVED NK UNFADING Œ MARGIN pe Every Item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEATH County Markord Registration Dist. No Ilf death occurred in St:.....Ward) a hospital or Institution. give its NAME lostead of street and number. 1 Baldwin MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, Marrie (Month) (Dav) Write the word) TIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER OF FATHER (State or country) ARENT State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs mcs Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERT If-more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

PLACE OF DEATH 7933  County Harford (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registered No. 184  St; Ward)  St; Ward)  [if death occorred in a hospital or institution, give its NAME instead
* FULL NAME David U. Ma	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE MARRIED, MARRIED, MIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH  18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1914, to 42, 5, 1914.
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 5 m, The CAUSE OF DEATH* was as follows:
OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment to which employed (or employer)  BIRTHPLACE (State or country)	(Doration) yrs mos cs.  Contributory (Secondary)  (Deration) yrs mos cs
10 NAME OF FATHER SEPH. Parett.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE/IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  A SEPTIME TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted, if not at place of death? former or usual residence.
Filed Address) Lohiteford  Filed Aug / 7, 1914 as lo Missabb  REGISTRAR  LE more blanks are seeded, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  Saletting Conf. 1914.  20 UNDERTAKER  ADDRESS  DELTATION OF BURIAL  ADDRESS  DELTATION OF BURIA

[Approved by U. S. Census and American Public Health Association.]

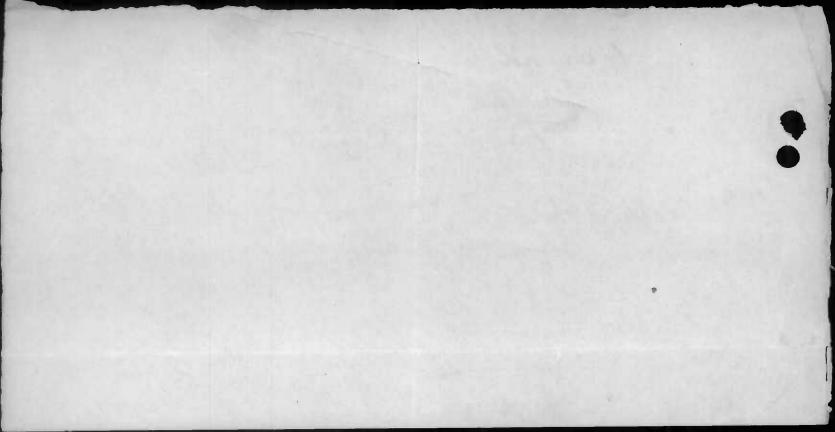
should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Uouscwife, Houscwork, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrobrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichae. mia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee n Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (name origin; "Can-State cause for Never report Examples:



Mug 18-1914 Chelds name wax (nelson) in Birth Cerlificate Sent in July 1914 Stommable



V. S. No. 1.

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1 PLACE OF DEATH 7934



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

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	600		mai	<b>a</b> )

Ilf death occurred in a hospital or institution, give its NAME instead of streef and comber.]

	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male	1 Hite Single, Married, Widowed, Words	18 DATE OF DEATH August 5— (Month) (Day	, 1914 (Year)
DATE OF BIR		Aug HEREBY CERTIFY, That I attended dece	ased from
	May 6, 183: (Month) (Day (Year)		, 191
AGE	If LESS that	and that death occurred on the date stated above, at 9.1	5A .
	79 2 39 1 day,hrs	The CAUSE OF DEATH* was as follows:	
and.	yrs mos ds OR min. ?	- No definite decea	
(a) Trade, profess	in an	Turaval broaddown	
particular kind of	work. Tarnur	due to arrange as	
(b) General natural business, or esta which employed (c	e of industry, ablishment in or employer)	(Duration)yrsmos	ds,
BIRTHPLACE (State or co		Contributory Secondary	
10 NAME (FATHE	"Mernek Barron	(Signed) Stock Duly	ds.
ш	or country) Maryland	*State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) whether	VIOLENT
	N NAME O C.	TAL, SUICIDAL, OF HUSICIDAL.	
	or country) mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THOR OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos	
THE ABOVE	Rese Mulling	Where was disease contracted, If not at place of death?————————————————————————————————————	
(Address)	Permun	05UAI residence	RIAL
Flory	6,1918 Brog Mulon REGISTRAR	20 UNDERTAKER GOLD Pernyn	., 1914

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the nisease (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeaffection need not be stated unless important ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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County Harfird

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registered No.
Village or City Rechard (No. 2 FULL NAME Edward &	St; Ward)  [If death occurred in a hospitation institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Black (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h in allve on aug 2 7 ,1914.
about 80 yrs. mos. ds. or. min.?	and that death occurred on the date stated above, at 8 a, m.  The CAUSE OF DEATH* was as follows:  Chorus Lecturity to al Definition
OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  PRINTHPLACE (State or country)  ONAME OF FATHER RICHARD Sound  (State or country)  10 NAME OF FATHER RICHARD Sound  (State or country)  11 BIRTHPLACE OF FATHER CLARD Sound  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Duration) 5 yrs. mos. ds.  Contributory (Secondary)  (Duration) yrs. mos. ds.  (Signed)
of MOTHER Cohnun  13 BIRTHPLACE OF MOTHER (State or country)  Ohhnoun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds.
(Informant) Sarah Barre (Address) Hydres Ballo Co  (Address) Hydres Ballo Co  File My 19, 1914 Stagar Dran  REGISTRAR	Where was disease contracted, It not at place of death?  Former or  USUAL residence
If more blanks are needed, address State Registr.	97

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement the nature of the inisiness or industry, and therefore an essant to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Lacomotive engineer, first line will be sufficient, e. g., Rarmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease disease accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is 'Epidemic cerebrospinal meningitis''); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tueumonia," uuqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

1914

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. 8: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homioide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify at which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debflity" ("Conthenia," "Apaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can: Never report Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Harford 7936 Uniginal 103

STATE OF N	IARY	LAND
CERTIFICATE	OF	DEATH
Registration	Dist	No /5 1

County	Registration Dist. No.
VIIIage or City Bel are (No	St.:—Ward)  [it death occurred in a hospital or institution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mull Phil 5 single, Murrel widoweo, orbivorceb (Write the word)	(Month) (Day (Year)
* DATE OF BIRTH Tely  Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  19th August, 1914, to 20th Oug., 1914, that I last saw help allye on the 20th Oug., 1914
7 AGE 4 If LESS that 1 dayhrs ORmin.?	mar dezin occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	- Turis enau pestion
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER GROUPS TO MEDIFICACE  11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE	Contributory Secondary  (Doration) yrs mos ds.  (Signed) Melliam & Archer 10.0.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Buc, Calher  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds  Where was disease contracted, if not at place of death?
(Informant) M Bulford  (Address) Bel aux	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ling L/, 191 J. Edgan Lunn REGISTRAR	20 UNDERTAKER  DELLU Son  Sel Civ  istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) "Laborer," "Foreman," As examples: For persons The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Ilaemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head "Dropsy," The nature of the "Exhaustion," Never report



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT Exact classified, pe pino THIS properly AGE INK supplied. pe UNFADING may that 80 WITH terms. PLAINLY, plain Information 2 EATH WRITE DE Item OF Every It

state Very certificate. jo back 00 instructions Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.:....Ward) a hospital or institution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWEO. (Year) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at...... 1 day,.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of dealh ..... yrs. ..... mos. ..... State ..... yrs. \_\_\_\_ ds Where was disease contracted. THE ABOVE IS TRUE It not at place of death?... Former or usual residence. man LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are necded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. additional liuc is provided for the latter statement; cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the misease of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Earm laborer, Laborermaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retlred from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakuess," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-aeei such, if impossible to determine defluitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencia. by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (seeoudary or intercurrent) is icss definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914 BUREAU, v. S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1,

N. B.

PLACE OF DEATH

793 Drigipal

STATE OF MARYLAND CERTIFICATE OF DEATH

Padistration	Diet	Ma
Registration	DISC.	MO.

2FULL NAME LOUISON LOUP	St.; Ward)  [If death occurred le a hospital er institution, give its NAME instead of street and nember.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenall Word (Mitte the word)	16 DATE OF DEATH Condy 14 , 1914 (Month) (Day (Year)
© DATE OF BIRTH  ROUGH (Month) (Day (Year)	that I last saw h la alive on the gal Aug., 1914.
7 AGE  1 If LESS than 1 day, hrs. 0 CR mln.?	and that death occurred on the dete stated above, at 3 30 Lm. The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country)  ONAME OF FATHER.	Contributory Secondary  (Doration)  (Signed)  (Doration)  (Doration)  (Signed)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Stalle Deward  13 BIRTHPLACE OF MOTHER (State or country) Harried So had  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds, State yrs, mes, ds  Where was disease contracted, if not at place of death?  Former or usoal residence.
(Address) Bil an Andrew  16 Filed Out 15, 1947 Judgan Registran  Registran	PLACE OF BURIAL OR REMOVAL  ATTEMPT OF BURIAL  20 UNDERTAKER  ADDRESS  Bel day had

istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The questlon tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defaulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritongeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is Jess definite; avold use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. 'Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," (Recommendations ou statement of "Exhaustlon," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

i y	PLACE OF DEATH 7939	STATE OF MARYLAND
state	Wastered hi	CERTIFICATE OF DEATH
should si NOI	County Nangara	Registration Dist, No. 151
SICIANS sh	Village or City hear Aberdun, No.	St.; Ward) [If death occorred in a hospital or institution,
of occi	FULL NAME Marry O	Cullum give its NAME instead of street and number.]
ent.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL's statem	Semalo 4 COLOR OR RACE 5 SINGLE, MARRIED, MIGHE ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH (Mode) (Day (Year)
s stated	O DATE OF BIRTH  O (Month) (Day (Year)	that I last saw h allye on here is attended deceased from 1915.
should be s y classified.	7 AGE (Month) (Day (Year)  1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 168 m The CAUSE OF DEATH* was as follows:
led. AGE s be properly	(a) Trade, profession, or particular kind of work  (b) General nature of industry,	The Case Carreto me from
ay	business, or esfablishment in which employed (or employer)	(Duration) yrs mas. ds.
arefully su that it m certificate.	State or country) Ballo Co	Secondary Secondary
9 9 0	10 NAME OF William H. Coullism	(Signed) (Signed) yrs mos ds.
terms, n back	11 BIRTHPLACE OF FATHER (State or country) Horford Cu  12 MAIDEN NAME OF THE WORLD	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
tion si piain tions o	a Calbert Villager	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Information ATH in plair Instructions	13 BIRTHPLACE OF MOTHER (State or country) Circle Co	At place In the of death yrs, mos. ds. State yrs, mos. ds.
tem of 1 OF DE/ nt. See	(Informant) Aunga R. Carlluss	If not at place of death?
Every ite CAUSE C Important	(Address) Akrodum	Ching tou md are of Burial Cuy 17, 1914
N. B	Filedling 14 18 Aberdun Ma	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS MA
	If more blanks are needed, andress State Regi-	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaesepsis, tetanus) may be stated under the head mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a dcfinite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. etc. . The contributory valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report

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SEP 8 1914 Dillonu. v. s.

PLACE OF DEATH 7940  Gounty Confined	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
VIIIage or City Olinchule (No	St.; Ward)  [It death occurred is a hospital or lostitution, give its NAME instead af streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, DIMPLE WIDOWED, OR OR OR OF OR OR OF OR OR OF OR	(Month) (Day) (Yest)  I HEREBY CERTIFY, That I attended deceased from
AGE STATE OF BIRTH  South Cont (Day) (Year)  (Year)  If LESS than	that I fast saw h. In alive on August 6, 1914 and that death occurred on the date stated above, at 8 9 m,
f day,hrs.  ORmin.?  ORmin.?  ORmin.?	The GAUSE OF DEATH* was as follows:  Suphard Hener  (Duration) yrs. / mos. // ds-
(State or country) Vew York	Contributory (Secondary) (Deration) yrs mos 6.
10 NAME OF FATHER OLM OTYLE  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O 0	(Signed) (Address) La hunchmale man of State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental.
12 MAIDEN NAME OF MOTHER Pla Folloday  13 BIRTHPLACE OF MOTHER (State or country) Rebrus Publications	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos ds. Where was disease contracted,
(Informant) (Informant)	if not at place of death?  Former or  usual residence
Filed Registrar  15  Filed Registrar  16 more blanks are needed, address State Registrar	Date of Burial OR REMOVAL  Date of Burial  Cary 9, 1814  20 UNDERTAKER  Howard (Meloman Abrugdom)  DATE OF BURIAL  CARY 9, 1814
II more higher are meaded, address pigge wegistes	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "Purperal septichaegenital," "Senite," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, of HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. etc. when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thema," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Browehopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitie," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



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-Every item of information should be CAUSE OF DEATH in plain terms, \$

N.B.

PLACE OF DEATH of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Harford important.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

[It death occurred in a hospital or Institution, give its NAME instead ot street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIED, Single Wildows, ORDIVORCED (Write the word)	16 DATE OF DEATH aug 21, 1914 (Month) (Day (Year)
G DATE OF BIRTH  (Month) (Day (Year)	that I last saw h in alive on ang 2/ 191 4
7 AGE  2 yrs 2 mos 7 ds or min.?	and that death occurred on the date stated above, st. 76 m. The CAUSE OF DEATH* was as follows:
a) Trade, protession, or particular kind of work	Cholen Infartin
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 5 ds.
State or country) Churchville h	Gontributory Secondary
10 NAME OF FATHER FLANK Ruchin  11 BIRTHPLACE OF FATHER (State or country) Have de Grace  12 MAIN OF FATHER OF COUNTRY)  12 MAIN OF MOTHER OF COUNTRY OF MOTHER OF COUNTRY	(Signed) (Duration) yrs mos ds.  (Signed) (Address) (Add
13 BIRTHPLACE OF MOTHER (State or country) 6 hurebvelle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds
(Informant) Frank bushin	Where was disease contracted, It not at place of dealh?  Former or usual residence
Filed aug 22 191 # J. J. Bay	20 UNDERTAKER Harris de Proposition for former for former for former former former former former former former former former for former
more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekerpers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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pinous OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. Exact stated classified. pinous properly AGE supplied. pe may ADINO certificate. that It 20 of back terms, 0 plain instructions 5 of inform DEATH See Item L O Every Item CAUSE OF Important.

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#### STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in (No .... -Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND MEDICAL CERTIFICATE OF DEATH 3 S 5 X 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month (Dav (Write the word) I HEREBY CERTIFY, That I DATE OF BIRTH 1832 Month' (Day (Year) 7 AGE If LESS than and that death occurred on the t day, hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employar) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death, from VIOLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTM, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) in the of death State\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 16 REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. mine, etc. statement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*\*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State eause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less defiuite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medleal Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichacample: Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; Seuile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



#### PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Harford 7943 Williags or City Declarate	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Sangle, MARRIED, Songle Widower, Oppivorceo (Write the word)	16 DATE OF DEATH Queg. 28, 191 (Month) (Day) (Year)  17 J HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Morth) (Day) (Year)	that I last asw him allve on Aug 26, 1914
7 AGE  Wrs. 3 mos. 15 ds. OR	Ine CAUSE OF DEATH * was as follows:
COCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) O yrs, O mes 8 ds.
9 BIRTHPLACE (State or country) Harford Ce, Md  10 NAME OF FATHER LOE FRISBY  11 BIRTHPLACE (State or country) Harford Co, Md  12 MAIDEN NAME Voya Redgley  13 BIRTHPLACE OF MOTHER (State or country) Harford Co McA	Contributory (Secondary)  (Secondary)  (Signed)  (Signed
(Informant) low finisby  (Address) Clerideen Md	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ang 74, 191 # Sector Registran  16 more blanks are needed, address State Begistran	20 UNDERTAKER  ADDRESS  Clearden Md  1, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not statement. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from husiness, that fact may be indiemployed, as At school or At home. Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Lahorer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibbease causing death—In all respect to the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

which surgical operation was undertaken. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for mails. The contributory tetanus) (Recommendations on statement of may he stated under the head of (secondary or Intercurrent) (name origin; "Can-Never report FOT VIO-



PHYSICIANS should state of OCCUPATION is very RECORD ERMANENT BINDING should properly AGE ER>E supplied. pe may certificate. oarefully that œ of MARGIN terms, pinous plain Instructions Information 5 70 of Inford WRITE See OF Item Every Item CAUSE OF Important.

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STATE OF MARYLAND CERTIFICATE OF DEAT Registered No. fif death occurred in St .: .....Ward) a hospital or Institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Year) Write the word) I HEREBY CERTIEY, That I attended deceased from 17 6 DATE OF BIRTH alive on that I last saw h ..... (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, st .. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CADSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country) State yrs. \_\_\_\_ mos. of deeth \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. MY KNOWLEDGE If not at place of death?. Former or usual residence..... DATE OF BURIAL 15 20 UNDERTAKE If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the nibrase causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914
BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St.:---Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWEO. (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than that death occurred on the date stated above, a 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL, OF HOMICINAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs. \_\_\_\_ mos. \_\_\_ \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted, KNOWLEDGE If not at place of death? .. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ....

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS?

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonities," etc. State cause for thenla," "Anaemia" (merely symptomatic), "Atrophy," scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as etc, when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PHYSICIANS should state of OCCUPATION is very

Exact statement

AGE should be s properly classified.

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

of information should be

CAUSE OF I

N.B.

stated EXACTLY.

RECORD

1 PLACE OF DEATH

-7946

If more blanks are needed, address

County Thatfald ma

Village or City The Rocks (No.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-St.;-----Ward)

[if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]

*FULL NAME Mary Byh ar	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Mehried Widower, OR DIVORCED (Write the word)	18 DATE OF DEATH  Aug 1914  (Mowth) (Day (Year)  17. I hereby Certify, That I attended deceased from
Date of Birth  (Month) (Day (Year)	Apr \$ , 191 \$ to Aug 14 , 191 4.  that I last saw h & alive on Aug 14 , 191 44
7 AGE 6 6 10 If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	(Ouration) 3 yrs mas ds.
9 BIRTHPLACE (State or country) Ballimore Lol In a	Gentributory Secondary  (Geration)
FATHER  January  11 BIRTHPLACE OF FATHER (State or country)  State or country)	(Signed) A. J. Bradley, M. D.  *Mate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER MAY Thurst  13 BIRTHPLACE OF MOTHER (State or country) Alrmann	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds
(Informant) Graffon Devre	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Dylesville In d 16 Filed Que 9, 1914 J. Obillips	DE Mary Removal DATE OF BURIAL LA DE MARIA REMOVAL DATE OF BURIAL LA DE MANDE SE DE MANDE DATE OF BURIAL LA DESSE DE LA DESSE

State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report





V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

7947

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Count	Registration Dist. No. 183
Village or City Maris ville (No. ,	St.; Ward)  [if death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OB RACE  5 BINGLE,  MARNED,  WROWED,  ORDEROUSED (Write the word)  5 DATE OF BIRTH  ALLA  4 COLOR OB RACE  5 BINGLE,  MARNED,  WROWED,  ORDEROUSED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  191, to , 191
(Month) (Day (Year)  TAGE  (Month) (Day (Year)  It LESS than 1 day, 1 hrs.  or win.?	that I last saw h alive on
(b) General nature of indostry, business, or establishment in which empigyed (or empioyer)  BIRTHPLACE (State or country)	Contributory All Basses Secondary  (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	(Signed)  A. 191 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (intermant)  (Address)  (Address)  (Address)  (Address)	Af place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,  If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL  ADDRESS  ADDRESS
Filed 191 S. 191 C. C. Paris Registrar	Melon Heaps of New Parks

Trauh Heaps Underlaken



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitie," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, telenus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

7948

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

[it death occurred lo

	FULL NAME Lille Collector	St.; Ward) a hospital or Institution, give its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3g	ex 4 color or race 5 single, Manried, Misower, wisower, or plyoreer (Write the word)	16 DATE OF DEATH Aug. 5/ 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from any 1914, to be any 1914, that I last saw here alive on any 1276, 1914.
TA		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a	Trade, profession, or reforme White	
bus	) General nature of industry, iness, or establishment in ich employed (or employer)	(Ouration) yrs mos ds.
9 B	(State or country)	Secondary Secondary Programmy Salary (Doration) yrs mos ds.
	10 NAME OF Dr Mulbury	(Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIFY CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTIFY CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) Whether ACCIDENTIFY CAUSES (1) MEANS OF INJURY; and (2) WHETHER (2) MEANS OF INJURY; and (3) WHETHER (3) MEANS OF INJURY; and (4) WHETHER (4) (4) WH
PAR	OF MOTHER MME	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	OF MOTHER (State or country)	At place in the ot death yrs, mos ds
	(Informant) Sudolphi Less	Where was disease contracted, if not at place of death?
	(Address) Bel air	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	etug 22,1924 Adgar Hear	20 UNDERTAKER LONG PORESE SINCE
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

V. S. No. 1.



## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the misease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of etc. State cause for or as probably For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 2 1914
BUREAU.V.S.

UNFADING INK-THIS IS

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

V. S. No. 1.

Village or City Bush Burner Arm	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale While Single, Manuel ORDIVORCEO (Write the word)	16 DATE OF DEATH Ang /4, 1914  (Month) (Day (Year)  17) I HEREBY CERTIFY, That I attended deceased from 30, 1914, to Ang /4, 191
7 AGE  (Month) (Day (Year)  1 day,hrs. ORmin.?	that I last saw her alive on from 30, 191 and that death occurred on the date stated above, at 12,150 m  The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Parthplace (State or country)	Gontributory Secondary
10 NAME OF FATHER Much are Relly 11 BIRTHPLACE OF FATHER (State or country) Luliand 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed) At Dulousey , M. D.  (Signed) At Dulousey , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (informant)  (Address)  (Address)  (Address)  15  Filed Try 15 -, 1914  REGISTRAR	At piace of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Landing beauty  29 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ilistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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No. 1.

32

B.

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### Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE

7950 1 PLACE OF DEATH County Heirfarf.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 184

Village or City Rocks (No	St.; Ward)  [If death occurred in a hospital or Institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Sin	Pate of Death Cay 22,1914 (Month) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  1914, to 22, 1914,  that I last saw have allow on all 22, 1914.
7 AGE   If LESS   1 day,   1	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Threship machine which tare of the Per  Contributory secondary  (Duration) yrs mos ds.  (Duration) yrs mos ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Improvin.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Greene	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.  At place In the ef death yrs. mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.
16 Filed aug 23, 1914 Jas LOM Walf	Poly Cross Date of Burial  20 UNDERTAKER,  Delag 25, 1914  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



-Every Item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.

7951

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

CERIZE	ation	DIST.	NO

2 FULL NAME Levamon	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single Widower, or Divorcet (Write the word)	18 DATE OF DEATH Aug. 23 (Month) (Day (Year)
Oct /6 , 1864  (Month) (Day (Year)  7 AGE  4 9 10 mos ds OR min.?  3 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw halve on 191
OF FATHER Country) Carre de Proce  10 NAME OF Levanion M. Earing, 11 BIRTHPLACE OF FATHER (State or country) bignic  12 MAIDEN NAME OF MOTHER Country  13 BIRTHPLACE OF MOTHER (State or country) bigning  13 BIRTHPLACE OF MOTHER (State or country) bigning	Contributory Secondary  (Duration)  yrs  mos  ds.  (Signed)  FORESON  Address)  Hand de Grand  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residents  or Recent Residents  At place  of death  yrs  mos  ds  State  yrs  mos  ds
(Informant) F. M. Burng  (Address) Chire debrace  16 Filed Clug 6, 1914 Bay  Filed Registrar  If more blanks are needed, address State Regist	Where was disease contracted, If not at place of death?  Former or USUAI residence.  19 PLACE OF BURIAL OR REMOVAL  Augel Hill Centiles Aug 26, 1914  20 UNDERJAKER  ADDRESS  Col Manual Full Place  Far, 6 E. Franklin St., Balto, Requesting V. S. No. 1

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the alphies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the misrase causino nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



MARGIN RESERVED FOR BINDING

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

/	PLACE OF DEATH 7952	STATE OF MARYLAND
C	ounty Harford	CERTIFICATE OF DEATH
	· · · · · · · · · · · · · · · · · · ·	Registered No. 184
V	illage or City Multing (No.	St; Ward) [If death occurred le
	d. H. H	give its NAME instead at street and number.]
6	FULL NAME (MMer Snom	105/10! Nonly
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	MARRIED. JANUARI D	16 DATE OF DEATH auf 7 1914
X	Male While Wisoners (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	Jan 19 1914	1914, to 1914,
-	(Month) (Day) (Year)	that I last saw harmalive on Aug. 1914
TA	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12.30am,
	yrs. 6. mos. 8 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION ) Trade, profession, or	- Louis Inflax turn
pa	rticular kind of work	0
	General nature of industry, iness, or establishment in	(Approllage)
Whi	ch employed (or employer)	Contributory Mennetto
(S	RTHPLACE tate or country)	(Secondary) . (Ouration)
	10 NAME OF FATHER TRANK Montgomen	(Signed) Charles of Farmous, M. D.
IS	11 BIRTHPLACE	any 7, 191 4 (Address) Street and
ARENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	OF MOTHER Wallie Williams	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country)	of death yrs mos ds. State yrs, mos ds. Where was disease contracted.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	Informant) I lawk to our growing	Former or usual residence
	(Address) Whiteford (MO)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15		State / hdg & Coult aug 9, 1914
FIH	ed aug. 9 1914 Jaslo Minable	20 UNDERTAKER ADDRESS
	REGISTRAR	ANTHOR DENATA
	if more blanks are needed, address State Registrat	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, CAUSING DEATH, state occupation at beginning of ilicated thus: Farmer (retired 6 yrs.). Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter,

losis of lungs, meninges, peritonacum, etc.. pneumonia"); Lobar pneumonia; Bronchopncumonia "Croub"); Typhoid fcvcr (never fever (the only definite synonym is time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria term for the same disease. ("Pneumonla," Statement of cause of death-Name, first, the DISEASE unqualified, is indefinite); Tubercu-Example report "Typhoid nvold use of Cerebrospinal pidemic cere-Carcin-

> .mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. childblrth or miscarriage, as "Puerperal septichae. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic deid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.; oma. Sarcoma. etc., of \_\_ is icss definite; avoid use of "Tumor" for mailg-The contributory "Old Age," "Shock," "Traemla," "Weakness," Aiways qualify all diseases resulting from stanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report



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	N. BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very

PLACE OF DEATH	STATE OF MARYLAND.
7 , 0004	CERTIFICATE OF DEATH
County Harford Co	Registered No. /8 J
Village or City Harre de frue (No.	St; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME / VSMCalace	, vous lasquino.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	TOWN QUEL Month (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at
0 yrs. 0 mos. 0 ds. 0 cmin. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	FDULL-Kron
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mes ds.
9 BIRTHPLACE (State or country) Lavre de Grace, Md	(Secondary)  (Deration)  (Deration)  (December 2015)
10 NAME OF FATHER AND COMPLETE	(Signed). a Contraction, M. D.
W 11 DIPTHPLACE	, 191 (Address)
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother auna Covans	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place tn the of death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Jal Jasquino	Former or usual residence
(Address) Have de grace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 1, 191 4 J. W. Bay. REGISTRAR	20 UNDESTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISMASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carein-

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UNFADING

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT proper plai DEATH 50 Item L.O Every its

certificate.

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Instructions

mportant.

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PARENTS

15

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF MOTHER

OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

It death occurred in Ward) a hospital or lostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE: 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from mor (Month) (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... State or com Contributory Secondary 10 NAME OF FATHER

\* state the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN

OR RECENT RESIDENTS)		
At place	In the	
of death yrs mos ds.	State yrs	mos. d
Where was disease contracted,		

If not at place of death? Former or usual residence

REGISTRAR

Working	7
20 UNDERTAKER	-

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1. ames mc nat

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## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, ctc. it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences to gain mia," "Puereral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ctc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation, was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report Always qualify all diseases resulting from Meastes (disease chusing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"



RECORD	PHYSICIANS should state	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.BEvery Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.

B MOP (	and the same of th
PLACE OF DEATH 7954	STATE OF MARYLAND
a Shortend	CERTIFICATE OF DEATH
County 7070	Registration Dist. No. 181
0000	[If death occurred in
Village or City & Wand (No,	St.; Ward) a hospital or Institution,
Clara as la	give its NAME instead of street and number.]
FULL NAME COURCE OF	2 ampson
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH (MAMAST 21 1011)
Male White (White the word)	Month) (Day) (Year)
	I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	MM 21, 1914, to all 12, 1914.
(Month) (Day) (Year)	that I last saw h. Lux. alive on Mily 2 / ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 3 Pm.
	The CAUSE OF DEATH'S was as follows:
yrsds.   ORmin. ?	Choyera Infantin
8 OCCUPATION (a) Trade, protession, or	
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos / // ds.
which emplayed (or emplayer)	Contributory of thather & poor freding
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF O O	(Quration) yrs mos ds.
FATHER John M. Sambon	(Signed) , M. D.
M 11 BIRTHPLACE	Mell 24 , 1914 (Address) Warking fry ful
Z (State or country)	State the DISEASE CAUSING DEATH, or, in death's from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a crebicca curry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place to the
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	nt death yrs mos ds. State yrs, mos ds. Where was disease contracted,
Color Mil Sand day	It not at piace ot death?
(Informant) July July Company	usual residence.
(Address) Variedistace MM	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Bock Run Cen august 22, 1914
Filed all ary, 191 L J Chyn File	20 UNDERTAMER ADDRESS
Deputy Set REGISTRAR	Hid, Bailey Warlington Mrs
If more blanks are needed, address State Registra	r. 6 E. Franklin St. Relto Pagnesting V S No. 1

W. S. No. 1.

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day Indorer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc., Carcinosis of lungs, meninges, periionaeum, etc., Carcinosis

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



No. 1.					1
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	WITH	UNFADING	NK-THIS IS A	PERMANENT	REC
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C Important. See instructions on back of certificate.	erms, so back of	carefully supplied that it may be certificate.	. AGE should be s properly classified.	tated EXACTLY. Exact statement	PHY

state

SICIANS should

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in ....Ward) (No. a hospital or institution. Estelle mathis give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX 1914 MARRIED. WIDDWED, (Year) OROIVDRCEO Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1860 (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 191 (Address) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. (State or country) Where was disease contracted; it not at place of death?... Former or usual residence 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte., Requesting V. S. No. 1.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

who have no occupation whatever, write None. cated thus: Farmer CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the hysiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (retired 6 yrs.). For persons "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1914 BURBAU. S.

or the